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CONFIRMATION NO. 8637

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| <b>SERIAL NUMBER</b><br>09/477,042   | <b>FILING OR 371(c) DATE</b><br>12/31/1999<br><b>RULE</b>   | <b>CLASS</b><br>725           | <b>GROUP ART UNIT</b><br>2623   | <b>ATTORNEY DOCKET NO.</b><br>15-SV-5359                    |
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| ** CONTINUING DATA *****   |   |                               |   |   |
| ** FOREIGN APPLICATIONS *****  |   |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 02/11/2000  |   |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <i>Joseph G. G. J.V.</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>WI | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>24<br><b>INDEPENDENT CLAIMS</b><br>6 |
| <b>ADDRESS</b><br>44702  |   |                               |   |   |
| <b>TITLE</b><br>MEDICAL DIAGNOSTIC SYSTEM WITH ON-LINE REAL-TIME VIDEO TRAINING  |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>1126   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |